6/30/2008 END CERT DATE: 6/30/2009 PROVIDER NAME: Bright Reginnings BEGIN CERT DATE:

PROVIDER NAME: Brigh			<u> </u>
		Surveyor), Joshua Gartrell – PI QMRP, Rory Schiffbauer – Adult Waive	r Specialist
RESULTS OF REVIEW OF O	RGANIZATIONAL PRACTICES		
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	It is suggested the provider ensure all required staff have documentation of the DDD Genernal training once training DVD's are distrubuted to provider by the Division.	N/A
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Systemic Recommendation	The staff files reviewed did not provide evidence of required First Aid and CPR for staff. (7 of 9 files had First Aid, 3 of 10 files had CPR certifications documented.	6/19/08
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Systemic Recommendation	The provider did have evidence of participant specific training but was recording multiple participant training on a participant specific form designed for documentation of a single participant. Please ensure this is documented at the time of training on a routine basis, as needed. The provider did not have evidence of participant specific training for the ISC in cases in which the ISC did not write the IPC for the person they are providing case management services.	6/28/08
Emergency Drills (CARF 1.E.)	Systemic Recommendation	0 of 2 sites had documentation of all required drills, and did not include follow-up when concerns were noted during drills.	6/19/08
Emergency Procedures during Transportation (CARF 1.E.)	Systemic Recommendation	The provider is not consistently ensuring all staff are transporting participants with emergency information related to health, safety, medical, and demographics.	6/19/08
Internal Inspections (CARF 1.E.)	Suggestion	It is suggested the provider ensure a minimum of two internal inspections be done annually for all service sites. The site at 4105 Rangeview is due for another internal inspection before August 2008.	N/A

Internal Inspections (CARF 1.E.)	Systemic Recommendation	0 of 2 sites reviewed that had concerns noted during the internal inspections did not have documentation of follow-up.	6/19/08
External Inspections (CARF 1.E.)	Systemic Recommendation	1 of 2 external inspections reviewed did not have documentation of follow up of concerns noted.	6/19/08
Progress made on prior DDD Survey recommendations	Systemic Recommendation	DDD recommendations from the previous survey related to health, safety, and welfare continue to be issues that need addressed during this survey that include: external and internal inspections, participant specific training, and a clearly defined restraint policy. The provider needs to address quality assurance for continued compliance.	6/19/08
Progress made on prior CARF Survey recommendations	Suggestion	Progress has been noted on several recommendations from the past CARF survey. It is suggested the provider continue to work towards compliance in addressing issues noted during the previous CARF survey.	N/A
Incident reporting policy (Wyoming Medicaid rules Chapter 45, Section 30).	Systemic Recommendation	In review of the providers incident reporting policy, the policy did not contain all required DDD categories, appropriate time frames to report, and parties that need to be notified. The policy did not include a clear distinction between the organization's internal IR policy and procedure and the DDD Notice of Incident policy and procedure. Zero of three staff were able to articulate or reference the DDD's notification of incident reporting requirements.	6/19/08
Incident reporting policy (Wyoming Medicaid rules Chapter 45, Section 30).	Suggestion	The best practice is also to give clear instructions to staff in the policy on how to report to each external agency.	N/A
Complaint and Grievance (CARF 1.D.)	In Compliance	The provider's policy addressed time frames for reporting.	N/A
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Sct. 1)	Systemic Recommendation	Zero of three staff were able to articulate or reference the participants rights restricitions per their plan of care.	6/28/08

Behavior Plans (Chapter 45, Section 29)	Not Reviewed	The survey team was unable to review implementation or monitoring of behavior plans.	N/A
Restraint standards (Chapter 45, Section28)	Systemic Recommendation	While the provider has made progress in addressing a policy and agency practice on restraint use, the policy does not clearly indicate their intent at this time to be a "restraint free" provider.	6/19/08
Provider Staff Requirements (Chapter 45, Sec 19)	Focused Recommendation	Evidence of a completed background check was not documented in the nurse's staff file and the nurse at times had not been under direct supervision with a participant.	6/19/08
Professional Business Practices	Focused Recommendation	The provider needs to clarify in policy the service areas (towns) that the provider is willing and able to serve. The certification by the Division does not currently match the provider's policy.	6/28/08
RESULTS OF PARTICIPANT	SPECIFIC REVIEWS		
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE
Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Focused Recommendation	For Participant #2, the provider is on the plan of care to be providing Res. Hab. Training. The schedule, objective page, and confirmation of PA#'s were in the participant's file. This service per the plan of care is necessary for the supports and habilitation for this participant.	6/19/08
Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Systemic Recommendation	Participant #3 had one internal incident on file that indicated there were community restrictions utilized. This is not reflected in his plan of care.	6/28/08

Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Suggestion	Multiple staff were billing for Personal Care for Participant #2 simultaneously. The provider gave evidence that the external ISC had written a letter of request for authorization to the Division. However, the plan of care submitted did not have this authorization included. The schedule utilized indicated 1:1 staffing only. No subsequent memo or letter from the Division could be given to Program Integrity as evidence for authorization. The Children's Waiver Manager will review the documentation and address any concerns or compliance.	N/A
Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Focused Recommendation	It was reported that Participant #3 was involved in an incident that met the Division's critical IR notification requirements. This was not submitted to the Division and other agencies as required. This must be submitted by end of business tomorrow.	5/30/08
Releases of Information (CARF 2.B.)	Systemic Recommendation	Participant #2 had releases of information faxed to the provider that did not have the provider's name, date, or signature. Participant #3 did not have releases on file. The provider needs to follow their internal business practice for releases of information.	6/28/08
Emergency Information (CARF 2.B.)	Suggestion	The best practice is to have an effective date on emergency information sheets indicating when they have been and ought to be updated.	N/A
Emergency Information (CARF 2.B.)	Focused Recommendation	Participant #3 did not have an emergency information sheet that has all the necessary information in one location.	6/19/08
Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	The surveyors reviewed the objectives and goals for two participants and found no concerns.	N/A

Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Focused Recommendation	For Participant #3 the service of Pre-Vocational was frequently being conducted in the residential setting. The plan of care was authorized with clear directions that this service would be conducted in the community not at RH. The date range of Feb 4-17 th ten units were billed however only nine units were documented. All of this documentation will be referred to the Office of Healthcare Financing for possible recovery.	N/A
RESULTS OF REVIEW OF CA	ASE MANAGEMENT SERVICES		
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE
Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 & 43)	Suggestion	Two files reviewed that had evidence of meeting the minimum monthly/quarterly standards. The ISC provider is encouraged to broaden the scope of evaluating trends, patterns involving behaviors and incidents. The Division is making available additional form tools/samples that may be used.	N/A
Team meeting notes (Chapters 41, 42, 43)	In-Compliance	No concerns identified.	N/A
Development & Tracking of Objectives (Chapters 41, 42, and 43)	In-Compliance	No concerns identified.	N/A
Service Coordination (DDD ISC rule Chtr 1)	Commendation	The ISC is to be commended for encouraging participants' choice and preference for enhancing educational opportunities.	N/A
Service Coordination (DDD ISC rule Chtr 1)	Systemic Recommendation	The provider and internal ISC need to have clearly delineated roles, responsibilities, and duties that empower the ISC to be in-compliance with Division standards for ISC's to facilitate communication with the team, participants, and guardians.	6/28/08
ISC Requirements (DDD ISC rule Chtr 1)	Focused Recommendation	The ISC provider does not have a formalized back-up case management system in place.	6/28/08

RESULTS OF REVIEW OF RE	SIDENTIAL SERVICES		
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE
Implementation of plan of care through RH documentation (WMR Chtr. 41, 45 Sect. 27)	Suggestion	The provider is tracking staff times in/out on multiple schedules. The provider is encouraged to simplify and unify a participant's documentation of services in one location. This includes clear documentation of logging in/out of other Waiver services.	N/A
Organization meets CARF Standards on Community Housing (CARF Sct. 4.J)	Focused Recommendation	The provider maintains a "house rule" of not allowing any participants into other bedrooms at any time. This policy is not reflected in the participant's choice prior to services or in the plan of care.	6/28/08
Organization meets CARF Standards on Community Housing (CARF Sct. 4.J)	Focused Recommendation	The provider has a staff 'temporarily' moving into the basement of Rangeview. The provider does not have documentation that informed consent was given to participants and/or their guardians for the guest in the home.	6/28/08
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	 At Rangeview: Chemicals/cleaners were secured behind a child safety lock that was not functioning. Egress from the basement has not been practiced by staff or participants. Staff should not utilize the "com log" in place of participant notations that belong on the participant's daily schedule and/or incident reporting. At 24th St.: No CO detector. Smoke alarm battery was missing. Light out in the bedroom. The provider is encouraged to research in obtaining a smoke alarm that is adaptive for the hearing impaired. 	6/19/08

RESULTS OF REVIEW OF DAY HABILITATION, EMPLOYMENT SERVICES				
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Systemic Recommendation	The provider did not complete the findings of the external inspection of the DH/Admin facility. The completion and documentation must be completed prior to adding DH services as a Waiver certification. Also, the quality assurance system must be in place for future compliance.	6/19/08	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	 DH/Admin facility: Chemicals/cleaners unsecured in the hall. Participant specific information that was damaged by water is sitting in loose boxes unsecured. No smoke detector onsite. 	6/19/08	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Suggestion	 DH/Admin facility: There is a box of donation candy out of the line of sight that the provider will want to evaluate as participants are added to this service site. The electrical panel could possibly be more secure to ensure no potential risk to participants. The best practice would be to have a smoke alarm and fire extinguisher in both ends of the building. 	N/A	
The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	Not Reviewed	The surveyors were unable to interview or observe employment services as originally scheduled.	N/A	
RESULTS OF REVIEW OF O	RESULTS OF REVIEW OF OTHER SERVICES			
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	

Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	During interviews of two staff and Participant #4, it was discovered that Waiver services are being received at the Day Care facility. This practice must cease immediately.	6/19/08
Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-Compliance	The observations and interviews conducted during Respite services had no concerns identified. The respite care services appeared meaningful and caring.	N/A

Survey/Certification Staff Name: Dennis Yost Date: 5/29/2008

Note: Providers can dispute a recommendation by submitting a certified letter to the Division within ten business days of receipt of the recertification report. The letter must include the specific recommendation being disputed, information on why the provider does not agree with the recommendation, and supporting documentation.